

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>11/24/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>11/24/00</i>
FORMALITY REVIEW	<i>HS</i> <i>MD</i>	<i>JC 8/16</i> <i>JC 8/17</i>	<i>11/24/00</i> <i>04/12/01</i>

11/24/00
BC
11-24-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	11/03/00
2	✓	✓	11/03/00
3	✓	✓	11/03/00
4	✓	✓	11/03/00
5	✓	✓	11/03/00
6	✓	✓	11/03/00
7	✓	✓	11/03/00
8	✓	✓	11/03/00
9	✓	✓	11/03/00
10	✓	✓	11/03/00
11	✓	✓	11/03/00
12	✓	✓	11/03/00
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14	✓	✓	11/03/00
15	✓	✓	11/03/00
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If more than 150 claims or 10 actions
staple additional sheet here

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